

Via Facsimile (703) 872-9306

9D-HL-19990  
PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Douglas Allen Riddle et al.

Serial No.: 10/608,178

Filed: June 27, 2003

For: CLOTHES DRYER  
APPARATUS AND METHOD

Art Unit: 3742

Examiner: Paschall, Mark H.

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AUG 19 2004

OFFICIAL

Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## TRANSMITTAL

1. Transmitted herewith is:

Facsimile Transmittal (1 pg.)

Amendment in response to Office Action dated May 19, 2004 (23 pgs.)

## STATUS

2. Applicant

       Claims small entity status.  
  X   is other than a small entity.

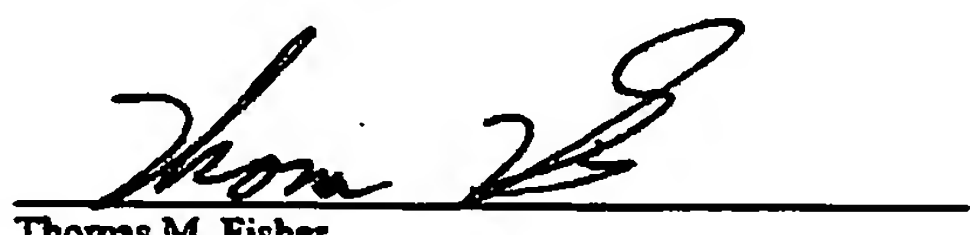
## CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is, on the date shown below, being:

## MAILING

       Deposited with the United States Postal Service  
with sufficient postage as "Express Mail Post Office to  
Addressee" in an envelope addressed to: Commissioner  
for Patents, Washington, D.C. 20231.

## FACSIMILE

  X   Transmitted by facsimile to the Patent and  
Trademark Office at (703) 872-9306.Date: August 19, 2004  
Thomas M. Fisher  
Reg. No. 47,564

10/29/2004 RXVERS1 00000002 012304 10608178

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL		MINUS		=	x \$9 = \$		x \$18 = \$
INDEP.		MINUS		=	x \$43 = \$		x \$86 = \$
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$145 = \$		+ \$290 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) X No additional fee for claims is required.

OR

- (b) \_\_\_\_\_ Total additional fee for claims required \$

**FEE PAYMENT**

5. \_\_\_\_\_ Attached is a check in the sum of \$ \_\_\_\_\_  
 \_\_\_\_\_ Charge Deposit Account No. 01-2384 the sum of \$  
 \_\_\_\_\_ A duplicate of this transmittal is attached.


**FEE DEFICIENCY**

6. X If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- X If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. \_\_\_\_\_ Other:

  
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